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ABSTRACT

Although research has shown that mental health professionals possess less than adequate knowledge of their legal and ethical responsibilities, client knowledge or attitudes regarding the ethical or legal considerations of confidentiality have not been assessed. To explore public impressions regarding confidentiality in psychotherapy, a questionnaire examining this issue was administered to 200 high school students, 308 college students, and 76 former clients. The results indicated that respondents felt that confidentiality was critical for the development of a therapeutic relationship. Subjects believed that psychologists held all information discussed as confidential. They also reported that such discussions should be absolutely confidential. For those who reported that certain topics should not be kept confidential, exceptions included harm to others, research or anonymous information, and harm to self. Additionally, subjects reported a desire to be told of the limitations of confidentiality, but felt that being told of the limitations would have a negative impact on the therapy. These findings suggest that the general population does not have a clear understanding of current legal and ethical practices in psychotherapy. (NRB)

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CONFIDENTIALITY IN PSYCHOTHERAPY

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Summary

Psychology Policy Issues; Ethics

Clinical; Professional

Preference for Presentation: Paper-Reading Session

Ethical considerations continue to pose complex, often contradictory mandates for psychotherapists. Issues such as informed consent, civil commitment, and sexual relations between client and therapist continue to be the subject of much professional debate. Nowhere are conflicting impressions more apparent than when examining the issue of confidentiality in psychotherapy. Briefly, confidentiality consists of the ethical obligation protecting clients from unauthorized disclosures of information given, in confidence, without their consent.

Principle 6 of the American Psychological Association's ethical guidelines states that, "Psychologists have a primary obligation to respect the confidentiality of information obtained from persons in the course of their work as psychologists...except in those unusual circumstances in which not to do so would result in clear danger to the person or to others."

This position has been challenged by professionals who believe that confidentiality should be absolute. Numerous clinicians have discussed the rationale behind the position of absolute confidentiality and fully endorse its use by their colleagues. However, in most states this position would conflict with legal statutes requiring disclosure of information in certain circumstances where the welfare of others is endangered and, as noted earlier, the current APA ethical code.

Research has documented that mental health professionals possess less than adequate knowledge of their legal and ethical responsibilities. However, to this date, neither the legal or psychotherapeutic community has systematically assessed client knowledge or attitudes regarding the ethical/legal considerations of confidentiality. For example, it is not known whether clients are aware of the ethical and/or legal limitations to otherwise "privileged" communications. It is the purpose of the present study to provide such information.

Subjects were administered a questionnaire assessing their opinions regarding the issue of confidentiality in psychotherapy. Participants were sampled from four populations: High school students who were randomly selected from a large suburban school district (n=200); Undergraduate Introductory and Child Psychology students (n=308); Former clients selected from an outpatient facility at a community mental health center (n=36); and Former clients selected from an outpatient counseling center at a major midwestern university (n=40). Participation was voluntary and in accordance with the ethical standards of the American Psychological Association.

The content of the questionnaire presented to the four populations was identical. To ensure a uniform conception of the factors involved in "confidentiality", a brief definition was given to the participants. The questionnaire itself was developed to assess the public's knowledge and opinions regarding confidentiality in psychotherapy. Also included were questions related to demographic variables and prior psychotherapeutic contacts. As noted in the cover letter to participants, no information obtained was linked to a particular respondent.

Data were collected in large group settings for the high school and undergraduate populations. However, special precautions were taken to minimize potential disclosure of personal information for former outpatients (i.e., the fact that they were once in psychotherapy). Specifically, responses were obtained through a mailing procedure. The questionnaire was mailed in an envelope without a return address or any external cues linking it to the community mental health center or counseling center where clients received psychotherapy. Former clients were provided with a stamped, return envelope with which to mail back the completed questionnaire. Responses were mailed directly to the senior author at his office. A return rate of fifty-three percent was obtained for those who received the questionnaire.

Non-significant differences were found between the two college samples and, hence, were collapsed into a single "college" population. However, due to statistically significant differences, the two outpatient groups are presented separately.

The subject pool was relatively young (68% below 20 years of age). However, as might be expected, there is a general increase in age from high school to mental health center populations. The distribution of gender and race was relatively consistent across groups, with the majority of respondents being female (63%) and Caucasian (94%). Religious affiliation was predominantly Christian (83%). The majority of subjects had some college experience (62%).

Regarding the questionnaire data, statistical analyses were performed when sample size was adequate and responses could be placed into discrete response categories. If not, percentage of responses are presented.

A series of questions assessed whether subjects believed that "everything" discussed in psychotherapy is "always considered confidential by the psychologist." If respondents believed that everything was not considered confidential, they were further queried as to: "what" the psychologist believes is not confidential; "who" the psychologist would tell; and "why" certain information is not regarded as confidential.

The data suggest that the majority of subjects (69%) believe that everything is considered confidential by psychologists. Chi-square analysis showed that the impressions of the four groups did not significantly differ ($\chi^2(3)=4.31, p < .20$). For those who thought that certain topics were not confidential, the largest response categories were harm to others (27%), harm to self (22%), and research or anonymous information (23%).

The greatest percentage (40%) felt that psychologists would confide in other professionals. Smaller percentages felt that authorities/police/law (31%), or family/spouse/friends (21%) would be informed.

Subjects who believed that certain information is not considered confidential by psychologists most frequently listed reasons related to the protection of others or to society (39%); followed by reasons related to the client (31%). Finally, there were those subjects who felt that psychologists do not generally consider anonymous information confidential (30%).

Subjects were also asked to respond to questions regarding the confidentiality of information as if they were clients. The majority of subjects (74%) believed that there should be no exceptions to confidential communications. However, statistical analysis suggest that those individuals

attending outpatient psychotherapy at the counseling center feel less strongly than the other groups that all information should be kept strictly confidential ($\chi^2(3)=13.63, p < .01$).

For those who felt that certain topics should not be kept confidential, exceptions include: harm to others (35%), research or anonymous information (30%), and harm to self (23%). Results suggest that psychologists should inform other professionals (31%), the "authorities" (30%), and family/spouse/or friends of the client (21%).

When asked why certain information should not be considered confidential, the majority of respondents felt that the intentions of such a breach were to benefit the client (54%), followed by responses related to society or others (34%). A small percentage (12%) felt that if the information is anonymous it need not be considered confidential.

Subjects were then asked to assume that there were "special situations" that may be discussed in psychotherapy that are not considered confidential by the psychologists. Forty-six percent preferred to be told of the limitations of confidentiality before the first session. Only 3% of the total population did not desire to be informed of the non-confidential nature of certain topics.

Subsequently, subjects were asked to list their reactions if told before the first session of "special situations" overriding confidentiality. Forty-two percent maintained that this information would have a "negative impact"; twenty-seven percent stated that they would have "ambivalent" feelings; twenty-one percent would react "positively", while 10% would automatically discontinue therapy.

A significant chi-square analysis ($\chi^2(2)=133, p < .001$) suggests that fewer individuals (11%) would, without reservation, discuss information which was not confidential. Forty-four percent would not discuss the topic, while forty-seven percent did not know how they would react.

Finally, subjects were asked why they felt psychologists have a professional obligation to maintain confidentiality. Seventy-five percent felt that confidentiality was maintained to facilitate the therapeutic relationship and twelve percent felt that confidentiality was maintained because of unknown reactions from other individuals.

In sum, the present study explored issues related to confidentiality , in psychotherapy. It appears that the vast majority of respondents view confidentiality as an all encompassing, superordinant mandate for the profession of psychology. It also appears that the notion of absolute confidentiality is incorporated into their personal value system. However, this belief is not an accurate reflection of current APA ethical guidelines. For example, the guidelines imply that psychologists should reveal information to others (whether or not the client's permission is obtained), in cases which would result in "clear danger to the person or others."

Additionally, the vast majority of people desire to be told of the limitations to confidentiality. However, the majority would experience a "negative" reaction (i.e., discontinue therapy or not speak of topics which are non-confidential). The vast majority of respondents believe that psychologists are ethically obligated to uphold confidentiality because the mandate is critical for the development of a therapeutic relationship.

Professionals differ with regards to the necessity or appropriateness of absolute confidentiality. It is not the purpose of the present study to discuss the merits or limitations of either position. Nonetheless, there appears to be a huge gap between client expectations and accepted clinical practice regarding the exchange of information in psychotherapy.